



## C3-Cloud

### “A Federated Collaborative Care Cure Cloud Architecture for Addressing the Needs of Multi-morbidity and Managing Poly-pharmacy”

**PRIORITY Objective H2020-PHC-25-2015 - Advanced ICT systems and services for integrated care**

### D2.3 Dissemination Plan version a

*Work Package:* WP2 Dissemination, Exploitation and Innovation Related Activities”

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# TABLE OF CONTENTS

<b>1. Executive summary</b> .....	<b>4</b>
<b>2. Key Stakeholder messages</b> .....	<b>5</b>
2.1. Introduction.....	5
2.2. Health and social care payers and providers .....	5
2.3. Patient and community groups and associations.....	6
2.4. Health ICT industry .....	7
2.5. Standardisation bodies .....	7
2.6. Research .....	8
2.7. Education .....	8
2.8. Policymakers.....	9
<b>3. Dissemination activities</b> .....	<b>10</b>
3.1. List of dissemination activities during year 1 .....	10
3.2. Planned or proposed dissemination activities for year 2.....	14
3.3. Other dissemination channels .....	16
3.4. Contact Networks.....	16
<b>4. Publication policy and template</b> .....	<b>18</b>
4.1. Purpose.....	18
4.2. Publications Board .....	18
4.3. Authorship.....	18
4.4. Notification to partners .....	19
4.5. Costs.....	19
4.6. Workflow steps .....	19
4.7. Workflow timeline diagram .....	21
4.8. C3-Cloud intention to disseminate template .....	22
<b>5. Online dissemination and collaboration</b> .....	<b>25</b>
5.1. Project web site .....	25
5.1.1. Purpose.....	25
5.1.2. Summary of updates.....	25
5.1.3. Web analytics .....	29
5.2. Social Networks .....	30
5.2.1. Research Gate .....	30
5.3. Internal dissemination .....	30
5.3.1. SharePoint .....	30
5.3.2. Mailing lists .....	31
5.3.3. Teleconferencing.....	31
<b>6. Concluding Remarks</b> .....	<b>32</b>

# 1. EXECUTIVE SUMMARY

Deliverable 2.3 is the first of four annual dissemination reports from C3-Cloud. Early in the project our focus has been on developing a strategy, including a publication policy to protect the rights of all partners when any one partner carries out a dissemination activity. We have set up a structure for the reporting of dissemination activities, those undertaken and those planned. We have established a website, collaboration tools for our own use, and started to use social networking tools, initially amongst academics.

Chapter 2 of this deliverable summarises the key stakeholders whom we need to target for messages about the problems we are addressing (why they are important), the C3-Cloud project approach, our tools and platforms, and eventually the reusable assets we aim to produce and share. (Our exploitation plans are reported in another deliverable, D2.2.)

Chapter 3 reports on our year 1 dissemination activities, and some of those already in the pipeline for year two. We also list some of our contact networks for use in future dissemination activities.

Our publication policy, the workflow for approvals and the template for summarising the approval process and what was eventually disseminated, is presented in Chapter 4.

The project web site is summarised in Chapter 5, together with our plans for capturing web statistics downstream. Our initial use of social networks is mentioned, and the ways in which we support internal collaboration are described.

## 2. KEY STAKEHOLDER MESSAGES

### 2.1. Introduction

The project has identified seven key stakeholder groups as the main audiences that we should target for messages about our project, the problem it addresses and the solutions we aim to develop. Some of these audiences are potential customers of our technology components and platforms, others are potentially end users of the solutions, and some are decision-makers and decision influencers will also need to be aware of our anticipated products and services (and their value).

During year 1, C3-Cloud has prioritized the key messages that we wish to deliver during the project lifetime. The communications matrix is itself difficult to include in a written report, so the key elements of this are presented here as nested bullets. Some of the messages deliberately duplicate across stakeholders, where they are relevant. These lists are not final, and we will continue to evolve our communications matrix.

Inevitably for most of these stakeholders our year 1 dissemination activities have focused on its mission and work plan, whereas our more tangible results will be disseminated later in the project.

### 2.2. Health and social care payers and providers

The group includes: care professionals, provider organisations, health insurers, health ministries.

Communications messages:

- Problems we are addressing
  - *Poorly connected health records*: the potential harm to patients;
  - *Clinical guidelines for single conditions*: the complexity, inefficiency and risks to patients and professionals from attempting to follow multiple independent guidelines;
  - *Poorly connected care teams*: poorly managed multi-morbidity and poly-pharmacy leads to inefficiencies, delays, risk to patients, frustrations;
  - *The limited voice of patients and informal care givers in their care management*;
  - *The needs of patients with multiple conditions and prevention strategies*.
- *About the Collaborative Care Cure Cloud project*: the project overview, its timelines and anticipated healthcare benefits.
- Our components
  - *Personalised care plan development and execution tools*;
  - *Patient empowerment and personalisation tools*;
  - *Semantically interoperable records*: enabling greater connectivity of healthcare teams, leading to improved effectiveness and safety;
  - *Harmonised decision support rules and alerts*: leading to more accurate (patient sensitive) guidance and alerts;
  - *Ethics and governance*: that the project is trustworthy, the solutions will not expose EHR data to greater disclosure risks.
- About our demonstrator sites
  - *Overall approach to demonstration and evaluation*: the pilot sites will ensure validity of the results and the ICT solutions.

- Project results and impacts
  - *New models of patient empowerment;*
  - *New models of integrated care:* validated adaptive care pathways and organisational models for integrated care delivery to multi-morbid patients;
  - *Improved health care:* reduced hospitalisation, reduced adverse events, reduced poly-pharmacy, saved healthcare professional time.

## 2.3. Patient and community groups and associations

Communications messages:

- Problems we are addressing
  - *Poorly connected health records:* the potential harm to patients, frustrations about repeating information;
  - *Clinical guidelines for single conditions:* the risks and confusion to patients, added complexity when seeking care;
  - *Poorly connected care teams:* frustrations about repeating information and acting as a mediator, concerns about safety, delays in care;
  - *Limited voice of patients and informal care givers in their care management;*
  - *The needs of patients with multiple conditions and prevention strategies.*
- *About the Collaborative Care Cure Cloud project:* the project overview, its timelines and patient empowerment.
- Our components
  - *Personalised care plan development and execution tools:* greater opportunities to personalise care to their health and wellbeing priorities and constraints, greater empowerment;
  - *Patient empowerment and personalisation tools:* these will help patients to engage in self-care and collaborate with care providers;
  - *Semantically interoperable records:* leading to improved understanding of their own records;
  - *Ethics and governance:* that the project is trustworthy, the solutions will not expose EHR data to greater disclosure risks.
- About our demonstrator sites
  - *Overall approach to demonstration and evaluation:* the pilot sites will engage patients and validate new empowerment tools.
- Project results and impacts
  - *New models of patient empowerment:* leading to improved interaction between patients and their carers, improved personalised care plan adherence;
  - *Improved health care:* better acceptance and use of ICT, increased participation in decision making, improved discharge planning, reduced social isolation.

## 2.4. Health ICT industry

Communications messages:

- Problems we are addressing
  - *The needs of patients with multiple conditions and prevention strategies*: the need for investments in new ICT solutions, growing market opportunity, availability of our solutions to help them.
- *About the Collaborative Care Cure Cloud project*: the project overview, its timelines software components and how they can be taken up by industry.
- Our components
  - *Patient empowerment and personalisation tools*: opportunities for app developers and for EHR/PHR system vendors;
  - *Semantically interoperable records*;
  - *Harmonised decision support rules and alerts*;
  - *Multi-professional care team workflow and orchestration*;
  - *Secure platform*;
  - *ICT products and open source toolkits*: Possibility of a spin-off company to market the C3-Cloud products, components will be available for adoption by other companies (some open source).
- Project results and impacts
  - *ICT products and open source tools for wide adoption*: possibility of a spin-off company to market the C3-Cloud products, components will be available for adoption by other companies (some open source).

## 2.5. Standardisation bodies

Communications messages:

- Problems we are addressing
  - *Poorly connected health records*;
  - *The needs of patients with multiple conditions and prevention strategies*.
- *About the Collaborative Care Cure Cloud project*: the project overview, its timelines and standardisation needs for DS rules, workflows and semantic interoperability.
- Our components
  - *Semantically interoperable records*: the need to prioritise more semantic interoperability standards;
  - *Harmonised decision support rules and alerts*: opportunities for new standards to support decision support, care pathways and collaboration workflows.
- Project results and impacts
  - *New models of integrated care*;
  - *Large-scale impact modelling*;
  - *ICT products and open source tools for wide adoption*.

## 2.6. Research

The group includes: care professionals, provider organisations, health insurers, health ministries.

Communications messages:

- Problems we are addressing
  - *Clinical guidelines for single conditions*: the need for more clinical research on disease and treatment interactions;
  - *Inadequate organisational models and care pathways*;
  - *The needs of patients with multiple conditions and prevention strategies*.
- *About the Collaborative Care Cure Cloud project*: the project overview, its timelines and areas needing future health informatics research.
- Project results and impacts
  - *New models of patient empowerment*;
  - *New models of integrated care*;
  - *Large-scale impact modelling*;
  - *ICT products and open source tools for wide adoption*: our tools will support future clinical and health informatics research on comorbidity and multi-condition pathways.

## 2.7. Education

The group includes: health professional education and patient education

Communications messages:

- Problems we are addressing
  - *Poorly connected health records*;
  - *Clinical guidelines for single conditions*;
  - *Inadequate organisational models and care pathways*;
  - *Poorly connected care teams*;
  - *Limited voice of patients and informal care givers in their care management*;
  - *The needs of patients with multiple conditions and prevention strategies*.
- *About the Collaborative Care Cure Cloud project*: the project overview, its timelines and the future changed roles of clinicians and patients.
- Our components
  - *Personalised care plan development and execution tools*: education in how to get the best of these;
  - *Patient empowerment and personalisation tools*: education in how to get the best of these.
- Project results and impacts
  - *New models of patient empowerment*: new educational needs for patients and professionals, on implementing and benefiting from new patient-centred care models;
  - *New evidence for harmonised guidelines*: training HCPs about multi-condition guidelines;
  - *New models of integrated care*.

## 2.8. Policymakers

Communications messages:

- Problems we are addressing
  - *Clinical guidelines for single conditions*: avoidable current costs, ineffective usage of resources, patient safety risks;
  - *Limited voice of patients and informal care givers in their care management*;
  - *The needs of patients with multiple conditions and prevention strategies*.
- *About the Collaborative Care Cure Cloud project*: the project overview, its timelines and opportunities to change impacts on population health and health system redesign.
- Our components
  - *Personalised care plan development and execution tools*: empowerment and cost benefits from greater patient engagement in their own health;
  - *Ethics and governance*: the project is trustworthy, the solutions will not expose patient data to greater disclosure risks.
- Project results and impacts
  - *New models of integrated care*: a novel approach for modelling large-scale impact of integrated care provision for European regions;
  - *Improved health care*: reduced hospitalisation, cost savings, e.g., on drugs, societal benefit.

### 3. DISSEMINATION ACTIVITIES

The dissemination activities in this first year of the project have mainly focused on presenting the project as a whole, the problems of multi morbidity that it is addressing, its method and work packages, and its anticipated results. As the work advances these presentations and other dissemination activities will increasingly focus on specific work package results and engaging stakeholders in anticipating and preparing for our solutions.

#### 3.1. List of dissemination activities during year 1

Title of the dissemination	Presentation of the project to a health informatics conference as part of a keynote address
Date of dissemination	July 1, 2016
Type of dissemination	International informatics conference keynote
Description of event, publishing or hosting entity (and city if applicable)	14 <sup>th</sup> International Conference on Informatics, Management and Technology in Healthcare, 1-3 July 2016, Athens, Greece. Organised by the Greek Biomedical Informatics and Health Informatics Association and the University of Athens. Supported by EFMI and IMIA.
Principal stakeholders targeted, estimated numbers	Health informatics research community in Europe and internationally.
Key messages, viewpoint, and estimated impact	Presentation of the C3-Cloud project and its work on integrated care.
Reference, citation, URL etc.	Arvanitis TA. Digitally-enabled Integrated Care: A Health Informatics Perspective <a href="http://www.icimth.com/icimth-2016">http://www.icimth.com/icimth-2016</a>
Lead partner (if applicable)	WARWICK

Title of the dissemination	Presentation of the project to a regional UK audience
Date of dissemination	September 19, 2016
Type of dissemination	Regional event presentation
Description of event, publishing or hosting entity (and city if applicable)	Digital transformation, innovation and Technology Enabled Care delivery in the West Midlands, held in Birmingham, UK. Organised by TSA and the West Midlands Health Academic Network (WMAHSN). <b>TSA</b> is the industry body for Technology Enabled Care, representing the largest industry specific network in Europe and bringing together a growing membership of organisations across local government, health and the private sector.

	<b>WMAHSN</b> is the West Midlands body that connects the NHS and academic organisations, local authorities, the third sector and industry, The network is the catalyst that creates the right conditions to facilitate change across whole health and social care economies, with a clear focus on improving outcomes for patients.
Principal stakeholders targeted, estimated numbers	Health - CCGs, GPs, clinicians, managers Social care - providers, commissioners, managers Housing - TEC/telecare/telehealth department leaders Academia - university TEC/digital health professors Industry - innovators, manufacturers and TEC providers Third sector - providers, TEC partners and leaders.
Key messages, viewpoint, and estimated impact	Presentation of the C3-Cloud project and its work on integrated care.
Reference, citation, URL etc.	Arvanitis TA. Digitally Enhanced Integrated Care: Addressing the Needs of Multimorbidity and Managing Poly-pharmacy - An update on the C3-Cloud H2020 project <a href="https://www.tsa-voice.org.uk/events/regional-tecs-events">https://www.tsa-voice.org.uk/events/regional-tecs-events</a> <a href="http://wmahsn.org/events/2016/09/19/Digital_transformation_innovation_and_Technology_Enabled_Care_delivery_in_the_West_Midlands_-_a_partnership_event_for_health_care_housing_academia_and_industry">http://wmahsn.org/events/2016/09/19/Digital_transformation_innovation_and_Technology_Enabled_Care_delivery_in_the_West_Midlands_-_a_partnership_event_for_health_care_housing_academia_and_industry</a>
Lead partner (if applicable)	WARWICK

Title of the dissemination	<b>Presentation to Secretary General of the Association of Public Hospitals in Ankara Province 2<sup>nd</sup> Region</b>
Date of dissemination	September 28, 2016
Type of dissemination	Stakeholder meeting
Description of event, publishing or hosting entity (and city if applicable)	C3Cloud vision and the planned products are presented to Secretary General of the Association of Public Hospitals in Ankara Province 2nd Region.
Principal stakeholders targeted, estimated numbers	Turkish Public Hospitals Authority and in particular Secretary General of the Association of Public Hospitals in Ankara Province 2nd Region A total of 10 participants have attended to the meeting.
Key messages, viewpoint, and estimated impact	A brief overview of C3Cloud project is presented, discussion future opportunities of exploitation in Turkish Public Health Authorities. We will keep arranging future meetings to present early prototypes to increase the chance of future exploitation.
Reference, citation, URL etc.	<a href="http://www.ankara2bolge.khb.saglik.gov.tr/">http://www.ankara2bolge.khb.saglik.gov.tr/</a>
Lead partner (if applicable)	SRDC

Title of the dissemination	Presentation of the project to an international audience
Date of dissemination	October 25-26, 2016
Type of dissemination	Conference presentation
Description of event, publishing or hosting entity (and city if applicable)	eHealth Forum 2016, Athens
Principal stakeholders targeted, estimated numbers	Innovation companies, municipality and government agencies, research centres, digital health ecosystems.  170 speakers from 21 countries; 26 startups from 7 countries; 34 sessions; 500+ attendees
Key messages, viewpoint, and estimated impact	Presentation of the C3-Cloud project to create awareness among a number of different stakeholders.
Reference, citation, URL etc.	Arvanitis TA. Addressing the needs of multimorbidity and managing poly-pharmacy through digitally enhanced integrated care: The C3-Cloud H2020 project.  <a href="http://www.ehealthforum.org">http://www.ehealthforum.org</a>
Lead partner (if applicable)	WARWICK

Title of the dissemination	Presentation to a major System Integrator and HIS Provider in Turkey
Date of dissemination	January 5, 2017
Type of dissemination	Stakeholder meeting
Description of event, publishing or hosting entity (and city if applicable)	C3Cloud vision and the planned products are presented to a major system integrator and HIS Provider in Turkey.
Principal stakeholders targeted, estimated numbers	Turkish Health ICT Sector
Key messages, viewpoint, and estimated impact	A brief overview of C3Cloud project is presented, discussion future opportunities of exploitation in Turkey.
Reference, citation, URL etc.	-
Lead partner (if applicable)	SRDC

Title of the dissemination	<p><b>Una arquitectura en la nube de atención y cuidados colaborativa que cubre las necesidades de la pluripatología y la gestión de la polifarmacia, Proyecto C3-CLOUD</b></p> <p>(Translated to English: A federated collaborative care cure cloud architecture for addressing the needs of multi-morbidity and managing poly-pharmacy, C3-Cloud Project).</p>
Date of dissemination	March 4, 2017
Type of dissemination	Scientific Conference presentation, short oral communication ID-007.
Description of event, publishing or hosting entity (and city if applicable)	<p>“IX National Conference of health care to the chronic patient” Oviedo, Spain.</p> <p>Hosting entities: Spanish society of family and community medicine (SEMFYC, in Spanish) and Spanish Society of Internal Medicine (SEMI, in Spanish)</p>
Principal stakeholders targeted, estimated numbers	Researchers, clinicians and managers of Primary and Community health care.
Key messages, viewpoint, and estimated impact	Dissemination of the project and impact at more relevant stakeholders of Spanish Primary and Community care.
Reference, citation, URL etc.	<a href="http://www.congresocronicos.org/">http://www.congresocronicos.org/</a>
Lead partner (if applicable)	Oral communication presented by Antonio de Blas on behalf of C3CLOUD consortium

Title of the dissemination	<b>Poster Informatics for Health 2017</b>
Date of dissemination	April 24-26, 2017
Type of dissemination	Conference (Poster)
Description of event, publishing or hosting entity (and city if applicable)	<p>Informatics for Health 2017, Manchester</p> <p>The Congress will bring together: Europe’s leading conference, Medical Informatics Europe (MIE2017) from the European Federation for Medical Informatics (EFMI) and The Farr Institute International Conference 2017.</p>
Principal stakeholders targeted, estimated numbers	<p>Researchers, Health ICT Industry, EFMI Members</p> <p>Over 700 attendees.</p>
Key messages, viewpoint, and estimated impact	As it is accepted as a poster, an overview of C3Cloud vision will be communicated to create awareness.

Reference, citation, URL etc.	<a href="http://informaticsforhealth.org/">http://informaticsforhealth.org/</a>
Lead partner (if applicable)	SRDC

### 3.2. Planned or proposed dissemination activities for year 2

Please note that this section only lists those activities that have already been initiated. Other activities will also be undertaken during year 2.

Title of the dissemination	<b>Not available, but it relates to the current situation of interoperability of the Basque Health Service</b>
Date of dissemination	April 27, 2017
Type of dissemination	Dissemination presentation
Description of event, publishing or hosting entity (and city if applicable)	Forum: VII Meeting of the Forum on Health Interoperability Salamanca, Spain. Spanish Society of Health Informatics (SEIS, in Spanish)
Principal stakeholders targeted, estimated numbers	Policy-makers, researchers, health and social-care professionals and healthcare organization managers.
Key messages, viewpoint, and estimated impact	Share visions, exchange experiences and contrast solutions on interoperability issues associated with digital transformation to improve the quality and efficiency of comprehensive care of Chronic and major dependent patients.
Reference, citation, URL etc.	<a href="http://www.seis.es/interoperabilidad2017/">http://www.seis.es/interoperabilidad2017/</a>
Lead partner (if applicable)	OSAKIDETZA

Title of the dissemination	<b>A Federated Collaborative Care Cure Cloud Architecture for Addressing the Needs of Multi-Morbidity and Managing Poly-Pharmacy (C3-Cloud Project)</b>
Date of dissemination	May 8, 2017
Type of dissemination	Scientific Conference presentation, Oral Poster ID 632.
Description of event, publishing or hosting entity (and city if applicable)	17 <sup>th</sup> International Conference on Integrated Care (ICIC), 8-10 May 2017. Dublin, Ireland. PARALLEL SESSION 2: 2.J Oral poster session: ICT enabled integrated care  Hosting entities: International Foundation for Integrated Care, in association with WCIC5 5 <sup>TH</sup> World Congress on Integrated Care
Principal stakeholders targeted, estimated numbers	Researchers, clinicians and managers from around the world engaged in the design and delivery of integrated health and social care

Key messages, viewpoint, and estimated impact	To be confirmed. The presentation will take place on May.
Reference, citation, URL etc.	<a href="https://integratedcarefoundation.org/events/icic17-17th-international-conference-on-integrated-care-dublin">https://integratedcarefoundation.org/events/icic17-17th-international-conference-on-integrated-care-dublin</a> Program: <a href="https://integratedcarefoundation.org/wp-content/uploads/2016/11/ICIC17-Draft-Programme-12-April-1.pdf">https://integratedcarefoundation.org/wp-content/uploads/2016/11/ICIC17-Draft-Programme-12-April-1.pdf</a>
Lead partner (if applicable)	Oral communication presented by Esteban de Manuel on behalf of C3CLOUD consortium

<b>Title of the dissemination</b>	<b>Not available</b>
Date of dissemination	June 15-16, 2017
Type of dissemination	Scientific Conference presentation
Description of event, publishing or hosting entity (and city if applicable)	Congreso europeo de Salud Digital: Innovando para avanzar San Sebastian, Spain (European Congress on e-health)
Principal stakeholders targeted, estimated numbers	The meeting has been created among clinicians, managers, IT companies, university, patients interested in the generation of knowledge and innovation about eHealth, useful for society.
Key messages, viewpoint, and estimated impact	Innovation, coordinated management, integrated care, patient empowerment.
Reference, citation, URL etc.	<a href="https://ehealthdonostia.com/">https://ehealthdonostia.com/</a>
Lead partner (if applicable)	Osakidetza or Kronikgune

<b>Title of the dissemination</b>	<b>Not available</b>
Date of dissemination	July 7-9, 2017
Type of dissemination	Conference paper/workshop/keynote (planned submission)
Description of event, publishing or hosting entity (and city if applicable)	15 <sup>th</sup> International Conference on Informatics, Management and Technology in Healthcare in Athens, Greece. Organised by the Greek Biomedical Informatics and Health Informatics Association and the University of Athens. Supported by EFMI and IMIA.
Principal stakeholders targeted, estimated numbers	Health informatics research community in Europe and internationally.

Key messages, viewpoint, and estimated impact	To be confirmed
Reference, citation, URL etc.	<a href="http://www.icimth.com">http://www.icimth.com</a>
Lead partner (if applicable)	WARWICK and other partners

### 3.3. Other dissemination channels

- Web sites featuring C3-Cloud
  1. <http://www.empirica.biz/projects/ecare-ageing/details/?projectid=242>
  2. <http://www.pilotsmartcare.eu/home.html>
  3. <http://beyondsilos.eu/home.html>
  4. <http://carewell-project.eu/home.html>
  5. <http://proempower-pcp.eu/>
- Social media:
  1. <https://www.researchgate.net/project/C3-Cloud>
  2. [https://twitter.com/empirica\\_Bonn](https://twitter.com/empirica_Bonn)

### 3.4. Contact Networks

The consortium partners are developing contact networks through which we will be able to channel some targeted communications messages (as described in section 2 of this report). The list below is not comprehensive because partners are still developing these networks, but it is included here to illustrate the kinds of connections we have already made and can use for this project. Unless stated otherwise the contract databases described below cover multiple European countries.

#### Health and social care payers and providers

- A contact database of over 4000 hospital executives, clinicians, research investigators and CTOs;
- Ministry of Health Turkey;
- Turkish Public Hospitals Authority;
- Several Public and Private Hospitals in Turkey;
- National Health Service (England and Wales).

#### Patient and community groups and associations

- Good working relationship with the European Patients' Forum.

#### Health ICT industry

- A contact database of over 100 ICT providers;

- Several Health Information System Providers in Turkey;
- Digital Health.net – UK Health Informatics News Website.

#### **Standardisation bodies**

- A contact database of 40 experts who are members of SDOs;
- Membership of, or direct senior level connection with, CEN TC/251, ISO TC/215, HL7, IHE Patient Care Coordination Domain and CDISC.

#### **Research**

- A contact database of over 150 pharma staff, mostly working in real-world data and clinical research functions;
- A contact database of over 60 Health Informatics academics;
- NHS Clinical Research Network;
- West Midlands Academic Health Science Network (AHSN);
- Several University Hospitals in Turkey.

#### **Education**

- Membership of EFMI.

#### **Policymakers and decision influencers**

- Personal professional contacts with several members of the eHealth Network;
- Ministry of Health in Turkey;
- Chief Executive of the UK Department of Health;
- Participation in Action Group B3 (Integrated Care) of the EIP on AHA;
- Strong connection with the European Institute for Innovation through Health Data.

## 4. PUBLICATION POLICY AND TEMPLATE

The full consortium, through its project management board, has ratified the publication policy presented below. The template at the end of the section has also now been reproduced online within our collaboration space, in order to capture these data electronically including, for example, slides that were presented at conferences. This will support consortium members with their future dissemination activities, as well as making it easier in future years progressed to compile dissemination reports.

### 4.1. Purpose

The purpose of this policy is primarily to help ensure that persons who contribute concept ideas and concrete work within C3-Cloud are appropriately included as authors or acknowledged contributors in any of our dissemination materials, including conference and journal publications. It is also designed to ensure compliance with the dissemination-related terms of the C3 Cloud Consortium Agreement and Grant Agreement. It also helps to ensure that no dissemination occurs of material that one or more partners does not wish to be disclosed at that point in time. The workflow defined in Section 4.6 below will also provide transparency about intended and forthcoming dissemination activities, so that these can be fine-tuned if necessary to maximise their impact, as part of a coherent stakeholder communications strategy.

### 4.2. Publications Board

The C3-Cloud Publications Board will initially comprise Theo Arvanitis and Sarah Lim Choi Keung (Warwick) and Dipak Kalra and Pascal Coorevits (EuroRec). Others may be included downstream as needed, or invited to contribute to particular points on an *ad hoc* basis. The role of this Board is to advise on the suitability of publication plans and have final editorial responsibility to implement STMB/PMB decisions regarding the approval of submission to a journal or a conference etc.

### 4.3. Authorship

C3-Cloud intends to follow this standard multi-publisher policy on authorship:

<http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>

In addition to individuals who work directly on the text, to write it or review it, we expect the following persons to be approached and invited to be authors or acknowledged contributors as they each prefer:

1. The C3-Cloud proposal concept main authors, at least for any publications in the first 18 months of the project. Depending on the topic of the publication, the C3-Cloud Publications Board will confirm the most appropriate proposal authors to include.
2. The leader of the work package in which the most substantive content of the publication is anchored.

Publications should include a standard acknowledgement text: “The C3 Cloud project (Grant Agreement number 689181) has received funding from the European Commission.”

## 4.4. Notification to partners

The following clauses are present in the Grant Agreement and Consortium Agreement, that dictate the minimum time periods for notifying partners of the intention to disseminate any project results.

A beneficiary that intends to disseminate its results must give advance notice to the other beneficiaries of — unless agreed otherwise — at least 45 days, together with sufficient information on the results it will disseminate.

Any other beneficiary may object within — unless agreed otherwise — 30 days of receiving notification, if it can show that its legitimate interests in relation to the results or background would be significantly harmed or if the protection of the objecting beneficiary's results or background would be adversely affected, pursuant to p.9.4.1.2 (a) Collaboration agreement. In such cases, the dissemination may not take place unless appropriate steps are taken to safeguard these legitimate interests.

This policy recognises that the fine tuning of manuscripts and of conference presentation slides often takes place close to submission deadlines. A “C3-Cloud intention to disseminate” template is included at the end of this policy document. This template is designed to capture the essential details of a dissemination opportunity, the persons intending to produce/deliver that dissemination, the project activities and results that are intended to be included, the relevant WPs that are the sources of that content, the proposed authorship and acknowledgements, deadline for submission etc. It also contains supplementary fields to be completed once PMB/partner consultation has taken place, to record the authorisation to proceed (or, to proceed with modification). It is hoped that this template will provide enough information to partners to determine their acceptance or otherwise of the intended dissemination, whilst recognising that the resource themselves may still be in development.

## 4.5. Costs

All costs associated with the dissemination activity (including participation costs, travel and subsistence and any publication costs including open access fees) are the responsibility of the disseminating beneficiary. Exceptionally, open access fees might be met from a separate budget, which should be explored directly with the co-ordinator.

## 4.6. Workflow steps

1. The lead author should ensure that the above linked authorship policy is adhered to when following these steps.
2. The C3-Cloud intention to disseminate template should be completed in all cases.
3. The completed template plus any available draft versions of the intended dissemination resources must be sent by email to Sarah ([S.N.Lim-Choi-Keung@warwick.ac.uk](mailto:S.N.Lim-Choi-Keung@warwick.ac.uk)) with a copy to Theo ([T.Arvanitis@warwick.ac.uk](mailto:T.Arvanitis@warwick.ac.uk)) AT LEAST 50 DAYS BEFORE THE DEADLINE FOR SUBMISSION.
4. Sarah (or, during her absence, Theo) will notify the Project Management Board (PMB) by email of the intention to disseminate, sending the template and copy of draft resources, within 5 days of receipt.
5. Feedback from other beneficiaries is by default to be sent back to Sarah and Theo by email. This may include a formal notice of objection or concern or restriction by email. It may also include any requirement for prior approval of the definitive materials before submission. Non-response from a beneficiary after 30 days of receiving notification is deemed to imply no objections or concerns.
6. The option to discuss recently received dissemination intentions will occur as a standing item at each PMB teleconference or meeting. Dissemination proposals will be circulated to PMB members as part of the meeting agenda. Other beneficiaries and WPs will therefore have the

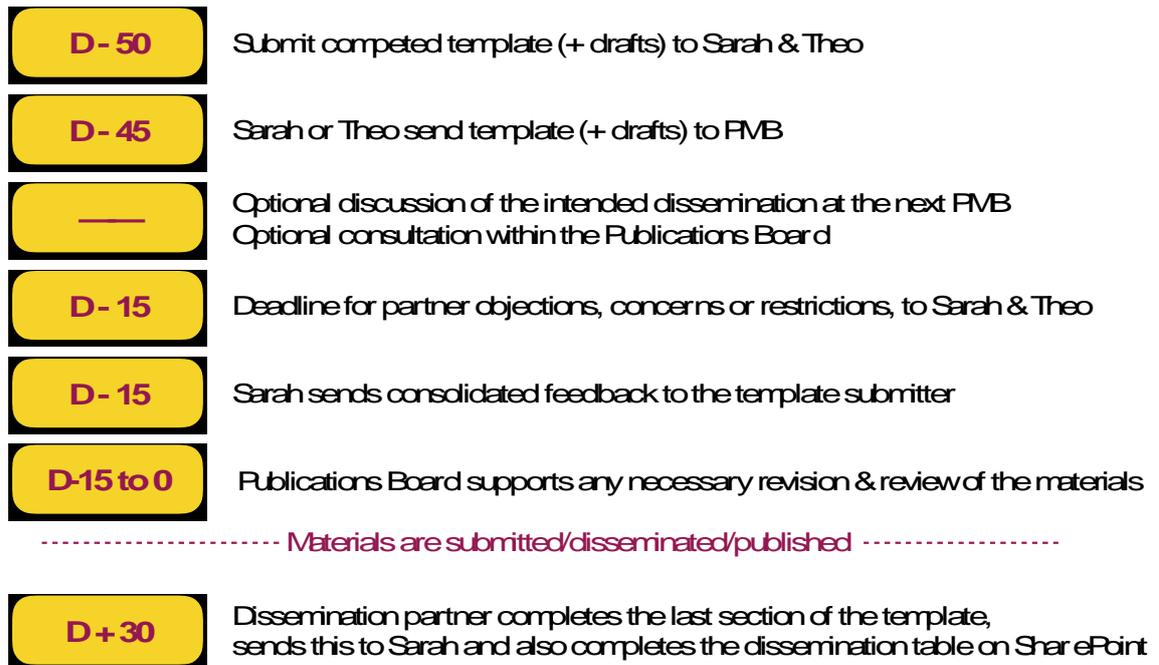
opportunity to indicate if there is other relevant work that could be offered for inclusion in the proposed publication or presentation, or provide suggestions of other authors/contributors to involve. However, this optional discussion does not replace the obligation on the beneficiaries to provide a formal notice of objection or concern or restriction by email.

7. Sarah and Theo may optionally consult with other members of the C3-Cloud Publications Board at any point during the PMB consultation phase.
8. 30 days after distribution of the template to PMB members, Sarah will consolidate the partner feedback and – after consultation with the C3-Cloud Publications Board if necessary – provide a final response to the submitter of the template, by updating the template.
9. The C3-Cloud Publications Board will be responsible for liaison with the lead author on revisions to the material in order to comply with any decisions provided by the PMB. It will optionally also provide an internal peer review facility on draft materials, which does not replace the formal partner consultation process described above.
10. If the dissemination opportunity is discovered late, the item should be submitted in parallel to the journal or conference and to Sarah and Theo. However, this may not normally occur if the last opportunity to modify the submission would be sooner than 45 days from the date of sending the template to Sarah and Theo. Exceptionally, this time constraint may be waived if the opportunity is deemed by the project co-ordinator to be especially valuable to the project and as long as the beneficiaries receives an real opportunity to review the planned publication pursuant to paragraph 1.4 above.
11. Whether or not the submission is successful, within 30 days of submission/publication an entry should be made in the project dissemination template (on SharePoint). (Information about unsuccessful submissions may also be helpful to others.) This should include an uploaded copy of the final publication/presentation (or unsuccessful abstract), or a link to it if it is published elsewhere.
12. For dissemination materials that only are a reuse of prior materials (e.g. reusing standard project slides), with no additional or new information, the template should still be submitted, but Sarah will only share this with the Publications Board, and will not follow steps 4 to 8 above.

## 4.7. Workflow timeline diagram

(D = deadline for submission or presentation of the dissemination materials.)

### Workflow timeline



#### 4.8. C3-Cloud intention to disseminate template

Nature of dissemination opportunity (please tick)		
<input type="checkbox"/> Full conference <input type="checkbox"/> Conference or panel presentation <input type="checkbox"/> Conference proceedings <input type="checkbox"/> Workshop participation	<input type="checkbox"/> Peer reviewed publication <input type="checkbox"/> Published report <input type="checkbox"/> Newsletter or magazine article <input type="checkbox"/> Video	<input type="checkbox"/> Interview <input type="checkbox"/> Web site page(s) <input type="checkbox"/> Online group <input type="checkbox"/> Social media posting <input type="checkbox"/> Stakeholder meeting
Full description of the dissemination opportunity		
Hosting organisation, event or publisher (if applicable)  Location of the opportunity (city and country) (if applicable):		
Date of the opportunity or expected publication date	Deadline date for submission of content	
Lead person co-ordinating the content and submission  Lead partner organisation  Lead Work Package (if applicable)		
Main points intended to be covered within the content  <ul style="list-style-type: none"> <li>• ...</li> <li>• ...</li> <li>• ...</li> <li>• ...</li> <li>• ...</li> </ul> <p>NOTE: please also send (by email, with this template) a draft version of any materials that are already available, or provide the link to a SharePoint resource if it has already been uploaded.</p> <p>Link:</p>		
Which work package does the dissemination content primarily relate to?		

Is the publication using new materials or reusing/refining materials previously disseminated?

Any issues or queries needing PMB advice

Intended authors

NOTE: this must comply with the C3-Cloud Publications Policy

Intended acknowledgements

NOTE: The standard project acknowledgment text must always be included:

“The C3 Cloud project (Grant Agreement number 689181) has received funding from the European Commission.”

**PMB Consultation**

Date submitted to the PMB

Date reviewed/discussed by PMB

PMB decision and recommendations

Any specific partner objections, concerns, restrictions

Does the material need to be reviewed before submission? YES / NO

If so, by whom?

**Outcome (please complete this section after publication or presentation)**

- Disseminated
- Unsuccessful
- Abandoned

Date of dissemination

Final title of the disseminated resource

Final title of the dissemination vehicle (e.g. conference, journal)

Final authorship list

Principal stakeholders targeted, estimated numbers

Key messages, viewpoint, and estimated impact

External reference, citation, URL etc.

NOTE: the full online dissemination template must be completed, and a copy of the final resource uploaded to the collaboration space.

## 5. ONLINE DISSEMINATION AND COLLABORATION

### 5.1. Project web site

#### 5.1.1. Purpose

The project website is one of the main dissemination vehicles for the project. During the project and for a limited time beyond the project, it will be the online presence of the project, informing its target audience about the current and planned activities, results, the key team members, their roles and expertise.

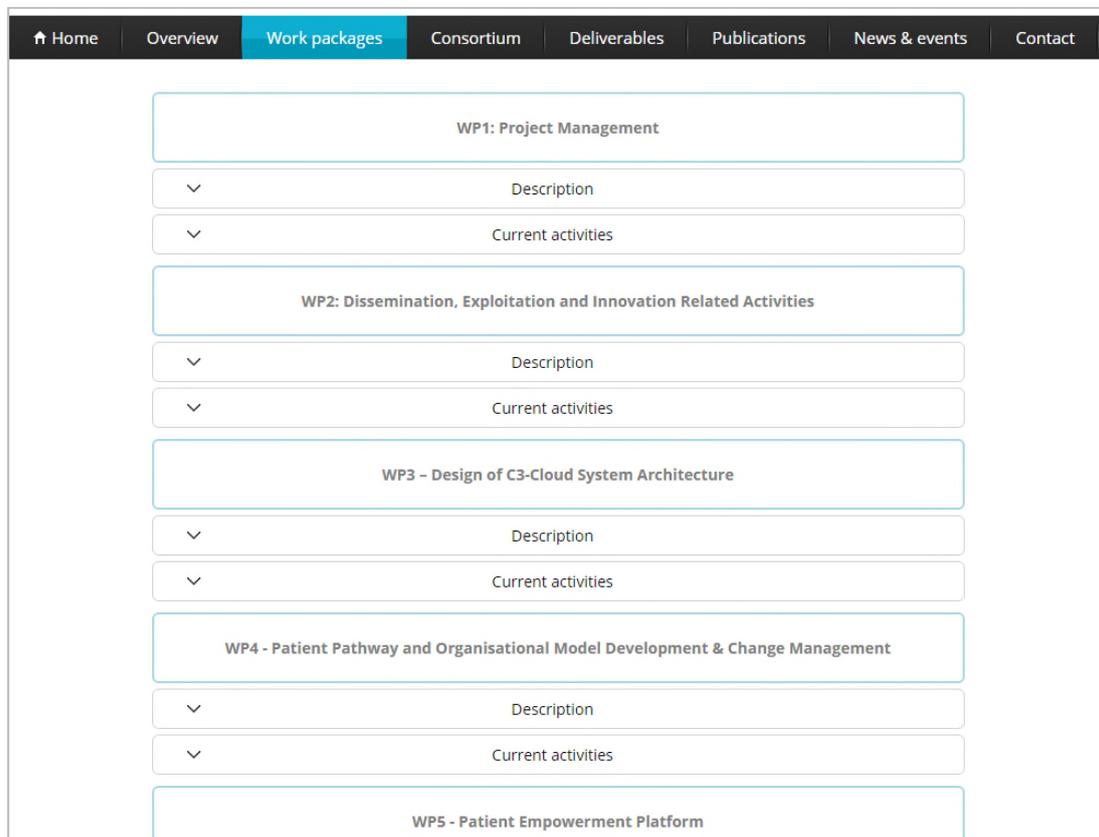
#### 5.1.2. Summary of updates

The website ([www.c3-cloud.eu](http://www.c3-cloud.eu)) was set up in May 2016 and its development reported in the deliverable D1.3 Project Web Site. Ongoing updates and developments have added content to existing web pages and also restructured some pages. Additional features have also been implemented, including the use of Twitter buttons on news items to support social media usage. In the following sections, the main updates will be highlighted with screen captures.

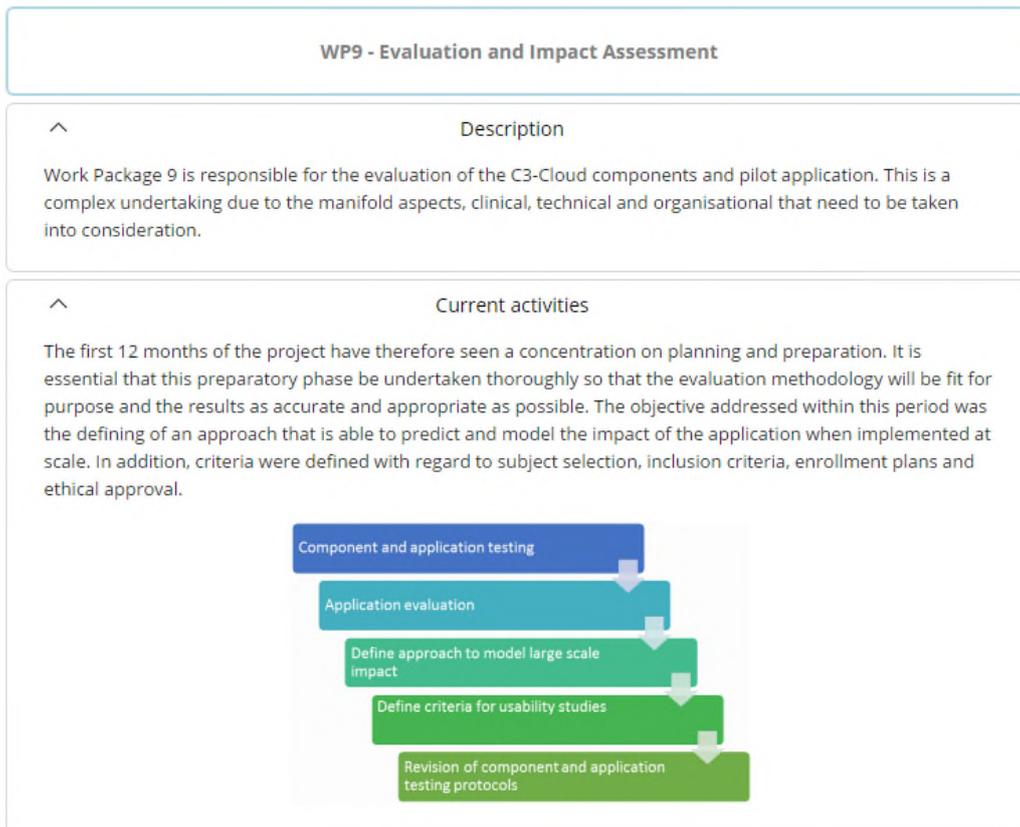
#### *Work package descriptions*

A new tab has been added on the main navigation menu for Work Packages. Here, each work package has an overall description and a summary of current activities. The aim is for activities to be updated on the website every 6 months to reflect where we are in the project.

Figure 1 shows all the work packages in the project and Figure 2 gives an example of the description for WP9.



**Figure 1:** Overview of work packages



**Figure 2:** Description and current activities of WP9

***Consortium***

The Consortium page has been expanded to add more information about each partner organization, their expertise and role in the project. The key members of each team are also presented (Figure 3).

The image shows two side-by-side screenshots from the C3-Cloud website. The left screenshot displays the 'Consortium' page, which lists various partner organizations with their logos, names, and country flags. The right screenshot provides detailed information for SRDC, including its background, expertise, role in the project, and team members.

**Consortium (Left):**

Logo	Organization Name	Country
WARWICK	University of Warwick (UK) (Project's coordinator)	UK
SRDC	Software Research & Development Consultancy (Turkey)	Turkey
Inserm	Institut National de la Santé et de la Recherche Médicale (France)	France
EUROREC	European Institute for Health Records (France)	France
empirica	Empirica (Germany)	Germany
MEDI-XINE	Medixine (Finland)	Finland
South Warwickshire NHS Foundation Trust	South Warwickshire NHS Foundation Trust (UK)	UK
Osakidetza	Servicio Vasco de Salud - Osakidetza (Spain)	Spain
kronkgunee	Asociación Centro De Excelencia Internacional En Investigación Sobre Cronoidad- Kronkgunee (Spain)	Spain
Örebro University	Örebro University (Sweden)	Sweden
JÄMTLAND HÄLSÖDALEN	Region Jämtland Härjedalen (Sweden)	Sweden
Cambio Healthcare Systems	Cambio Healthcare Systems (Sweden)	Sweden

**SRDC Information (Right):**

**SRDC Ltd.** was founded by a professional team of engineers in Middle East Technical University (METU) Technopolis in 2007. SRDC is a spin-off company of the METU Software Research and Development Center, which was founded in 1991 with the support of The Scientific and Technological Research Council of Turkey (TUBITAK) and METU Faculty of Engineering. A majority of the team hold PhD and MSc degrees in Computer Engineering at METU, and the remaining are progressing. SRDC enjoys strong backing from the university for transferring the R&D efforts to the industry and public administrations. We perform R&D activities both for developing brand new products and services and for innovative improvement of existing products and services. We have extensive expertise in large-scale software development, interoperability standards and enabling technologies, semantic Web technologies, interoperability solutions for e-health, e-government and e-business domains, data analytics, conformance and interoperability testing, and mobile application development.

**Related Expertise**

SRDC team has strong expertise in e-health domain, and so far has developed several clinical decision support and chronic disease management systems for both health professionals and patients. In the SAPHIRE project, SRDC Team has extended the Guideline Interchange Format (GLIF) to bind the virtual data points to actual patient data sources, such as Hospital Information System data and real-time data coming from personal medical sensor devices, and hence to make it executable by computers; modelled state-of-the-art clinical guidelines for cardiovascular diseases in the extended GLIF format; and developed an agent based intelligent monitoring and decision support system that is able to provide real-time support to health professionals by executing the modelled clinical guideline definitions. SRDC has further improved this system, which is now known as Adaptive Care Planner Engine, in different disease domains by working together with several health professionals and experiencing with tens of patients in iCARDEA, EMPOWER and PALANTE projects for patients with Cardiovascular Implantable Electronic Devices (CIED), diabetes patients and arthritis patients. SRDC is also expert in achieving semantic interoperability in several domains including e-health and e-business. Recently in the SALLUS project which is coordinated by SRDC, SRDC has developed a scalable semantic interoperability middleware integrating clinical care and clinical research domains, and on top of this middleware implemented several post-market safety study tools such as case series characterisation and open-ended temporal pattern discovery to be used by safety analysts working at pharmacovigilance centres and pharmaceutical companies. SRDC has also been responsible for developing security and privacy mechanisms in many of R&D projects, including the ones mentioned above.

**Role in the project**

SRDC leads gathering the technical requirements of the C3-Cloud Architecture in Task 3.2; provides open source privacy and security mechanisms for the overall C3-Cloud Architecture in Task 6.3; develops the C3-Cloud Personalised Care Plan Development Platform in Task 7.3; and leads the integration of all C3-Cloud components to achieve the Coordinated Care and Cure Delivery Platform in Task 7.4. SRDC is the leader of WP7. SRDC is also heavily involved in Task 3.3 - Conceptual Design of C3-Cloud Architecture, Task 5.3 - Development of the Responsive Multi-Channel Patient Empowerment Platform, Task 6.1 - Technical Interoperability Platform, Task 6.2 - Semantic Interoperability Platform, and design and deployment of the C3-Cloud pilot application in tasks 8.2 and 8.3.

**Team members**

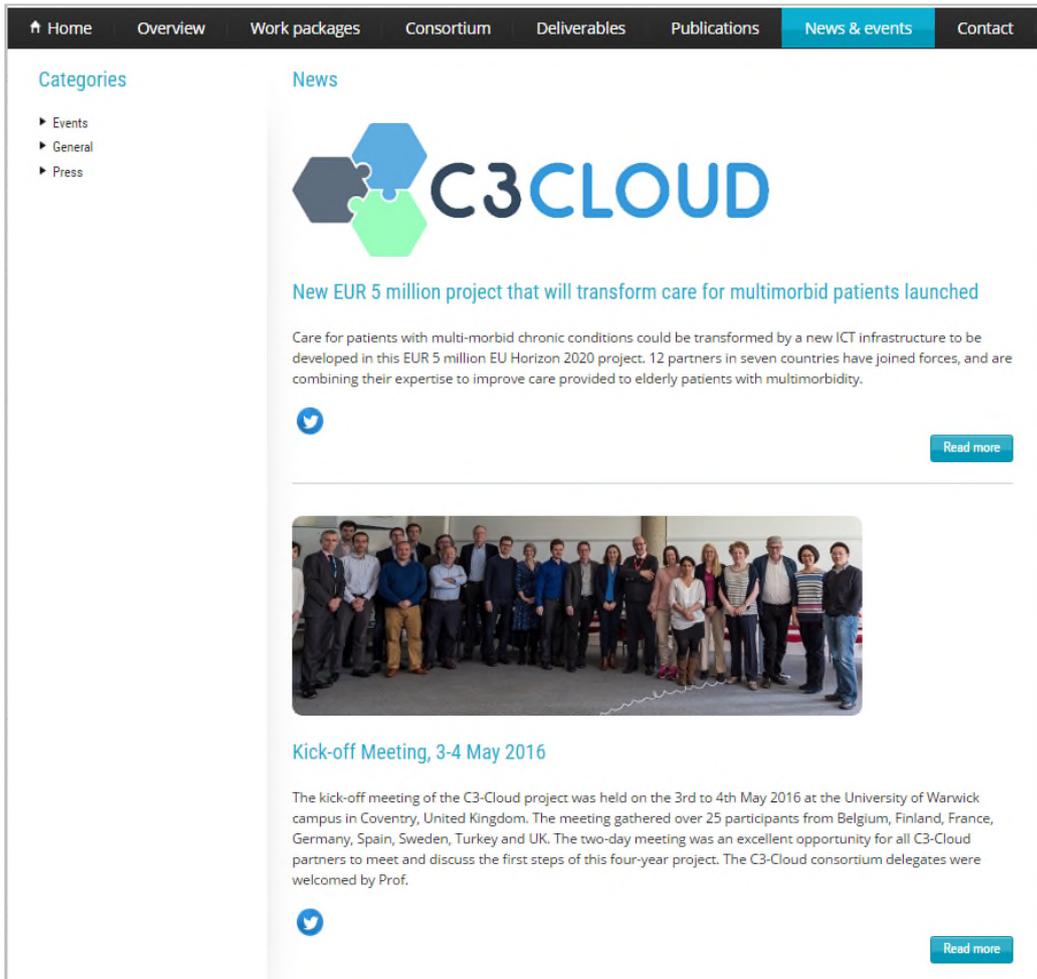
- Dr. Gokce Banu Laleci Erturkmen**, PMB Member, Task 3.2 Leader, WP6 Team Member, WP7 Team Member
- Dr. Mustafa Yuksek**, WP7 Leader & Task 5.3 Leader
- Bunyamin Sarigul**, WP7 Team Member

[Website](#)

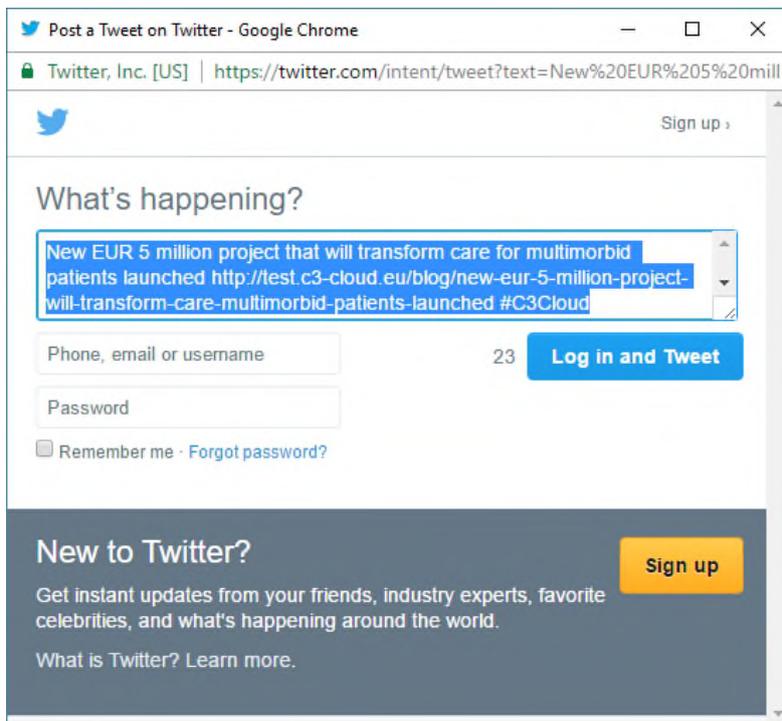
**Figure 3:** Consortium (left) and information for each partner organisation and team, e.g. SRDC (right)

### News and events

The web page for news items has been updated with new content and Twitter buttons have been implemented to support the use of social media to disseminate across both the project partners' networks and website users' networks. Figure 4 shows the news page with a Twitter button for each news item. The news item can be shared on Twitter and suggested message content with appropriate hashtags, as shown in Figure 5.



**Figure 4:** News page with Twitter buttons



**Figure 5:** Suggested Twitter message that can be updated before being posted.

## Publications

The publications page has been updated to add conferences and workshops that project members are participating in to present the project and its work.

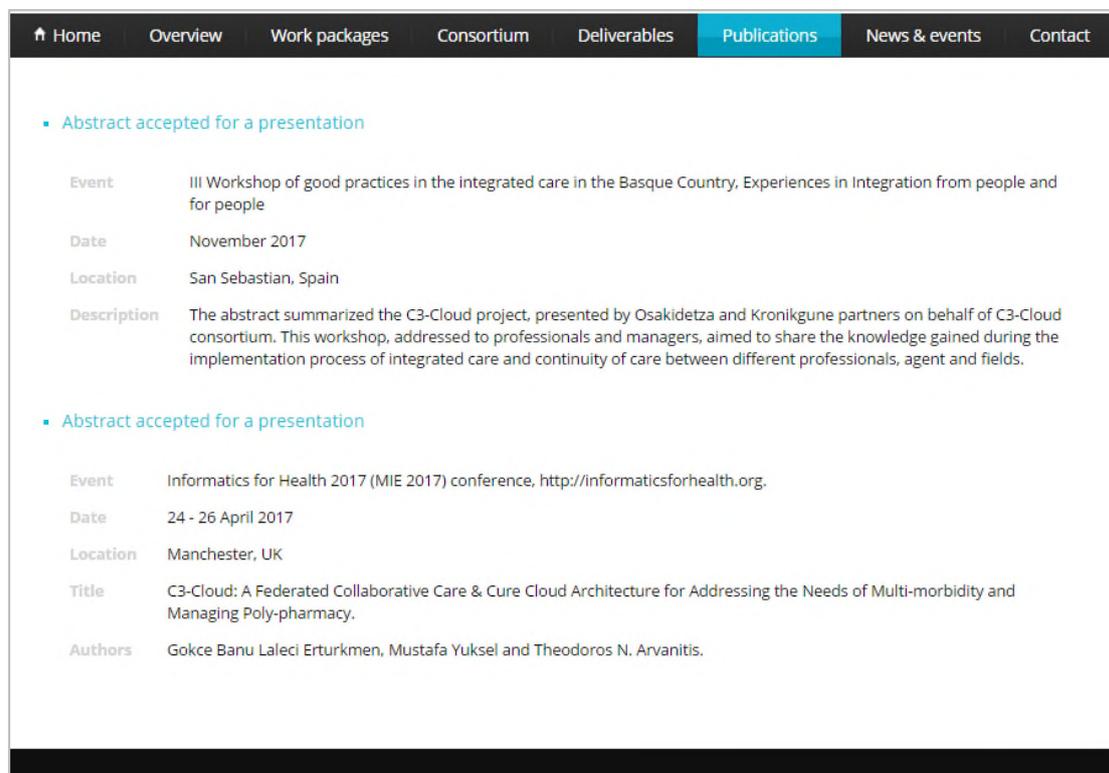


Figure 6: Publications page

### 5.1.3. Web analytics

As the project website is one of the main vehicles for the dissemination of research findings, public engagement and knowledge transfer, we would like to be able to measure the impact of our work. We have explored existing web analytic platforms and selected Google Analytics as it is the most widely used free service.

A Google Analytics (<https://www.google.com/analytics/>) account has been set up and the tracking code has been inserted into the project web pages to be monitored. A range of reports can be generated to assess the impact of the activities. The following table summarises the metrics that will be collected and monitored. In ongoing and future plans, we intend to look further into what types of reports will be most useful to help us target audiences based on user behaviour.

Metric	Description
Number of users and sessions	Users are users that have initiated at least one session. A session is a period of time a user is actively engaged with the website. Session numbers can be broken down by country.
Number of visits per page	Page views and unique page views are available.

Metric	Description
	<p>Page Views reflect the total number of pages viewed. Repeated views of a single page are counted.</p> <p>Unique Page views reflect the number of sessions during which the specified page was viewed at least once.</p>
Counter for clicks on outbound links	This allows for the number of downloads and number of clicks on the Twitter share button to be monitored.

## 5.2. Social Networks

### 5.2.1. Research Gate

A recommendation has been made for project page for C3-Cloud to be created on the ResearchGate (RG) website. RG is a very active academic community and the web pages of other academic projects have a significant number of followers. Among the advantages of having a project page on RG are:

- a) academic audience supporting academic impact;
- b) notifications to followers on project updates and;
- c) automatic recommendation to RG users that they may be interested in following the project, based on their research interests.

A RG project page allows a number of features, including:

- a) posting updates about the project e.g. meetings, milestones and news to followers;
- b) posting project related publications that can be accessed via the RG platform further contributing to open access research, and;
- c) acting as a gateway to the project website.

A trial project page has been created (<https://www.researchgate.net/project/C3-Cloud>) to evaluate the ResearchGate platform and first indications are positive, as without any activity, simply adding a rudimentary project description, attracted an audience of about 600 academics within a week. In order to fully take advantage of the RG platform, as many C3-Cloud staff should follow the C3-Cloud RG page, and keep the page relatively active by adding regular updates.

Over the next few months, the use of Research Gate as a dissemination tool will be further investigated, along with features that will allow the addition of project related methods and publications.

## 5.3. Internal dissemination

### 5.3.1. SharePoint

The project Sharepoint site is the main online repository of shared documents and resources for project team members. All team members are encouraged to upload working documents, meeting minutes and reporting items so they are available to the whole Consortium.

A form for “Intention to disseminate” has been developed as a Sharepoint list. Figure 7 shows part of this form, which reflects the C3-Cloud intention to disseminate template presented in Section 4.8.

**Title \***

Complete the title of dissemination opportunity (article, presentation, interview, ...).  
Proposed title can be modified afterwards.

**Nature \***

- Full conference
- Conference or panel presentation
- Conference proceedings
- Workshop participation
- Peer reviewed publication
- Published report
- Newsletter or magazine article
- Video
- Interview
- Web site page(s)
- Online group
- Social media posting
- Stakeholder meeting

Please tick the one or more nature of dissemination opportunity

**Description \***

Full description of the dissemination opportunity (e.g. key messages)

**Organisation or publisher \***

If applicable, complete the hosting organisation, event or publisher.

**Country**

Location of the opportunity - country (if applicable)

**City**

Location of the opportunity - city (if applicable):

**Publication date \***  

Date of the opportunity or expected publication date

**Figure 7:** Part of the intention to disseminate form

### 5.3.2. Mailing lists

The project uses mailing lists for email communication across work packages and groups. The project email addresses and mailing lists are managed by the University of Warwick. The mailing lists are managed via Mailman, the GNU Mailing List Manager (<http://www.gnu.org/software/mailman/index.html>).

### 5.3.3. Teleconferencing

The project uses the WebEx teleconferencing service for virtual meetings for Project Management Board, Scientific and Technical Management Board meetings, as well as work package and work task meetings. Participants can join via a computer or a telephone; screens can be shared for presentations; and meetings can be recorded for reference and dissemination to the group.

A calendar of all teleconference meetings is being developed to ensure all project members have a single reference point for all meetings taking place across the project.

## **6. CONCLUDING REMARKS**

This deliverable has summarised the project activities on dissemination. Given that the concrete work in most WPs is at an early stage, our priorities have been to put in place the enabling mechanisms to support a progressively greater emphasis on dissemination as the project progresses. We have established an attractive and well structured web site, with initial content and ready to receive more. We have defined our main target stakeholder audiences and the key messages we believe most important to convey - although this may evolve as our work and understanding progresses. We have developed a sound and fully-endorsed publication policy, workflow, template and online tooling. We expect dissemination by partners, especially through conferences and papers, to grow during year 2. Other kinds of dissemination will take place through fora such as the vendor forum that we establish in Year 2. These activities will be reported in D2.3b, in month 24.